

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **10-049,529**
 APPLICANT **FILE**

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS				
		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	4											
TOTAL DEP.	28											
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